PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
10/825 988

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				,395	OR		,790.00
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•	x 25 =		OR	x $50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•	x $100		OR	x $200	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $180		OR	+ $360	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
AMENDMENT A	Total (37 CFR 1.16(c))	• 49	Minus	** 25	=	x $25 =		OR	x $50 =	
	Independent (37 CFR 1.16(b))	• 3	Minus	*** 4	=	x $100 =		OR	x $200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $180 =		OR	+ $360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
AMENDMENT B	Total (37 CFR 1.16(c))	•	Minus	**	=	x $25 =		OR	x $50	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x $100		OR	x $200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $180		OR	+ $360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
AMENDMENT C	Total (37 CFR 1.16(c))	•	Minus	**	=	x $25 =		OR	x $50 =	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x $100		OR	x $200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $180		OR	+ $360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.